



TENNESSEE BOARD OF EXAMINERS FOR NURSING HOME ADMINISTRATORS
665 MAINSTREAM DRIVE, 2ND FLOOR
NASHVILLE, TN 37243
Local (Nashville Calling Area) (615) 741-3807
Nationwide (Toll Free) 1-800-778-4123 ext. 7413807

ADMINISTRATOR-IN-TRAINING

PROGRESS REPORT NUMBER: _____

Name of A.I.T.: _____

Name of Preceptor: _____

Training Site: _____

Date A.I.T. program began: _____

Dates covered by this report: _____

1. List assignments and departments with time spent in each: _____

2. Summary of learning experiences: _____

3. Brief analysis of any problems observed, new experiences, insights gained: _____

4. Statement of any problems that arose during the period: _____

5. Visits outside the facility, educational conferences attended: _____

I certify, to the best of my knowledge that the information presented is true and accurate and I have had at least four (4) hours of face-to-face training with this A.I.T. each week of this reporting period.

Signature of Preceptor

Date

Progress reports must be submitted every 2 or 3 months. **Make extra copies of this page.** Additional comments may be made on a separate sheet of paper. **(Do not change any party of this form.)**



TENNESSEE BOARD OF EXAMINERS FOR NURSING HOME ADMINISTRATORS

665 MAINSTREAM DRIVE, 2ND FLOOR

NASHVILLE, TN 37243

Local (Nashville Calling Area) (615) 741-3807

Nationwide (Toll Free) 1-800-778-4123 ext. 7413807

Evaluation Report of the Six (6) Month A.I.T. Program
Must be in BENHA Office for Approval by the FULL Board
This Evaluation Report must be submitted with the third (3rd) and Final Report

I, _____, Preceptor for _____,

certify that he/she has successfully completed the Administrator-in-Training program at:

_____ Nursing Home.

I certify that I have had at least four (4) hours face-to-face training with this A.I.T. each week of the training.

The Administrator-in-Training program began on _____ and was completed on _____.

During this period, there was a total of _____ hours spent in the training program. The hours were divided as follows:

| <u>Department</u> | <u>Hours</u> |
|-------------------|--------------|
| Administration | _____ |
| Activities | _____ |
| Bookkeeping | _____ |
| Business Office | _____ |
| Dietary | _____ |
| Housekeeping | _____ |
| Laundry | _____ |
| Maintenance | _____ |
| Medical Records | _____ |
| Nursing | _____ |
| Social Services | _____ |
| Other: _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Total Hours: _____

On a separate sheet of paper, please evaluate this prospective administrator. The Board needs your evaluation of the A.I.T.'s strengths and weaknesses in each of the above areas in order to properly guide him/her toward licensure. All reports, evaluation report, evaluation of A.I.T.'s strengths and weaknesses and recommendation letter to sit the NAB examination must be in the BENHA Office before the applicant can be approved to sit for the examination.

Signature of Preceptor

Date